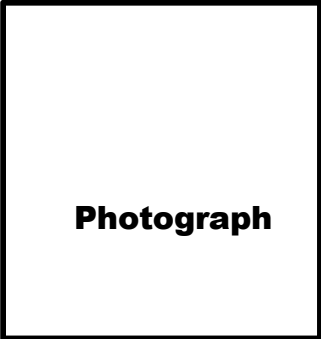


GAF CSC/Postgraduate Course
(Title of Programme)

APPLICANT'S NAME.....
(Surname first e.g. Anderson, Kwame)



**GHANA ARMED FORCES COMMAND
AND
STAFF COLLEGE (GAF CSC)**



ACADEMIC DIVISION

**Application Form
for**

POSTGRADUATE PROGRAMMES

1. General Information

a) Proposed Entry Date (mm/yyyy) _____

b) About You:

Title: Mr. /Mrs. etc _____ Date of Birth (dd/mm/yyyy) _____

Surname Name _____ Country of Residence _____

Other Name(s) _____ Country of Birth _____

Sex: Male _____ Female _____ Nationality _____

Rank* _____

Date of Commission/ Passing Out * _____

Current Unit* _____

c) Contact Information

Address for Correspondence _____ Telephone Number _____

Country _____ Mobile number _____

Email Address _____ Fax Number _____

2. Academic/Professional Qualifications

From	To	Name of Institution & Location	Course &Subject	Qualifications
(Example)				
09/ 04	07/ 08	Example School, Someplace	Business Admin (Finance)	BSc Admin (1 st Class)
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____
d)	_____	_____	_____	_____

Please include official transcripts of your studies, detailing subjects studied and grades achieved together with a translation into English if appropriate, or indicate if you have arranged for them to be sent direct to the Registrar, GAFCSC.

*** Indicate Not Applicable if this does not apply to you**

3. Language Skills

What is your first language? _____

How often do you use English in a business context? __daily__ weekly__ rarely__ never

How often do you use English in a study context? __daily__ weekly__ rarely__ never

Competence in reading, speaking and writing in English is essential if you are to get the most from the GAF CSC postgraduate programme. We ask that you demonstrate competence in English by one of the following criteria. Please indicate which:

- ___ English is your native language
- ___ You have graduated with a degree from an English-speaking University
- ___ You have worked in an English-speaking environment for at least two years

If English is not your native language, please outline your experience of working or studying in an English-speaking environment and indicate if, when and where you plan to take further English language training before starting the GAF CSC postgraduate programme.

Please list languages you can use, apart from English, indicating whether your ability is basic, competent or fluent in each:

Language	Level of competence
_____	__basic__ competent__ fluent
_____	__basic__ competent__ fluent
_____	__basic__ competent__ fluent
_____	__basic__ competent__ fluent
_____	__basic__ competent__ fluent

4. EMPLOYMENT (include a current CV or Resume)

(a) About your Current Employment

Job Title/Position Held _____ Date Employment Started _____

Department _____ Total Experience on Current Job _____

Name of Organization _____

Address _____ Does your Employer know you are applying to the
GAF CSC postgraduate programme? _____

Country _____ May we Contact you at Work? _____

(b) About your Previous Employment (if any)

Particulars of Past Employment (indicate job title, position held, and name of organization, date and address in that order)

_____	_____
_____	_____
_____	_____
_____	_____

5. About Research Experience

Give a brief outline of Research undertaken. *(Please Type on a Separate Sheet of Paper and include the following details for each one).*

Your Name, Title of Research, Description and Duration.

6. Why you want to join the GAFCSC Master’s Course. Your answer should be an essay (to be attached) to cover the following:

- (a) Explain your principal reasons for wishing to join the GAFCSC postgraduate programme.
- (b) Describe your career aspirations in the next decade.
- (c) Describe the contribution you will make to the programme when admitted.
- (d) State if you will be sponsored and indicate the value you will add to your sponsoring organization.

7. Funding.

Which of the following sources of finance do you propose to use in funding your GAFCSC postgraduate programme.

_____Self funding	_____Self-funding with bank loan
_____Self funding with Employer contribution	_____Employer sponsorship
_____Scholarship	_____Other, (please specify)

8. Essay

Please use a separate sheet of paper to write about the following:

- a) A research proposal of not less than 1,500 words *(Ph.D applicants only)*;
- b) A statement of motivation (500 words).

9. Choosing a Ph.D., an MSc and MSS Programme.

(a) Please list, in order of preference and including GAFCSC, the institutions to which you have made an application for a **Ph.D., MSc and/or MSS Programme.**

1. _____

2. _____

3. _____

4. _____

(b) How did you find information about the GAFCSC Postgraduate Programme?

___ Web site:

___ Colleagues/employer

___ Press advertisement

___ Other (Please specify)

10. Referees

Please choose two referees who have direct knowledge of your intellectual ability and/or your professional skills. If you have left further or higher education within the last five years, you should offer one academic reference and one employment-related reference. **References from personal friends or relatives are not acceptable.**

Each referee should complete one reference form, seal it in an envelope, sign across the seal to ensure confidentiality, and then return it to you before you submit your application.

	First Referee	Second Referee
Name	_____	_____
Position	_____	_____
Relationship to you	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Telephone Number	_____	_____
Email Address	_____	_____

Checklist

Please staple your recent passport-sized photograph to your application form. All applicants will be treated on equal grounds irrespective of sex, gender, religion, ethnicity, marital status or physical ability.

Please tick when you have enclosed:

- ___two (2) completed application forms with copies of your essays and CV.
- ___two (2) copies of relevant certificates authenticated (certified) by the awarding institution.
- ___one (1) original copy of transcript of academic records.
- ___certified English translation of certificates and transcripts issued in other languages (*if applicable*).
- ___Ghana Tertiary Education Commission (GTEC) verification report for certificates issued by institutions outside Ghana (*if applicable*)
- ___two (2) recent passport size photographs attached to forms.
- ___two (2) references sealed in their envelopes.
- ___one (1) stamped self-addressed envelope.
- ___sponsorship statement form (for sponsored applicants)
- ___application fee receipt of **GHC500.00/GHC300.00** for Ph.D/Masters programme, respectively. (Foreign students are to pay **USD\$100.00/USD\$50.00** for the application fee through bank transfer for Ph.D/Masters programme, respectively. E-mail Academic Registry for transfer details). Payment should be made with the following account detail:

BANKERS: REPUBLIC BANK
ACCOUNT NAME: GHANA ARMED FORCES COMMAND AND STAFF COLLEGE ACADEMIC
ACCOUNT NUMBERS: 0171008829101
BRANCH: PRIVATE BANKING, LABONE
PHYSICAL ADDRESS: REPUBLIC BANK

Your application cannot be processed until we have received all of these items.

Declaration

I sign to confirm that the details I have given in this application are correct, that I have included all the documents required and that I apply for admission to the GAF CSC postgraduate programme. By filling this form, I also agree and accept that GAF CSC can use the information provided for both academic and administrative purposes that affect my application and admission into GAF CSC.

Signature _____ **Date** _____

Please contact the GAF CSC Academic Division office if you have any queries or comments about this form. + 2 2 3 (0) 504 041 413 / (0) 302 717 783
Academic Division, GAF CSC, Out Barracks, Teshie, Accra.
Email: registrar@gafscmil.edu.gh or academic.registry@gafscmil.edu.gh
Website: www.gafscmil.edu.gh

GHANA ARMED FORCES COMMAND AND STAFF COLLEGE (GAF CSC)
ACADEMIC DIVISION

REFERENCE FORM

I. This section is to be completed by the applicant.
After filling out this section, please give this *CONFIDENTIAL* Form to your Referees to complete.

Applicant's Name	
Applicant's Address	
City/Country	Programme of Study
Date of Birth	
Telephone Number:	Fax Number
E-mail:	

I hereby authorize the appropriate person to provide the information requested in this document.

Applicant's Signature:	Date:
------------------------	-------

II. This section is to be completed by the Referee:
GAF CSC would appreciate your assessment of the applicant's qualities. The College will use your appraisal only in the evaluation of the participant's admission and its confidentiality will be safeguarded.

Please complete this form as soon as possible and return to: **The Registrar**
GAF CSC Academic Division
Otu Barracks, Teshie, Accra
Tel.: +233(0)302717783 / 0504041413
Email: registrar@gafscmil.edu.gh :
academic.registry@gafscmil.edu.gh
Website: www.gafscmil.edu.gh

1. General Rating

Please indicate your opinion of this applicant in the context in which you know him or her:
Your assessment should be indicated in each case by ticking of the appropriate check box:

1.1 In your view, how does the applicant rate on the following personal characteristics:

Motivation
Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()
Self-Discipline
Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()
Leadership
Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()
Self-Confidence

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Known only through Records [] Seen Occasionally [] Known Personally []

Less than 1 year [] 1-3 years [] More than 3 years []

Student [] Subordinate [] Colleague [] Friend [] Acquaintance []

2.1 What do you see as the personal strengths of the applicant?

Referee's Name

Position

Region/City / Country

Fax Number:

Date:

E-mail

